

ANNEX C

ADMINISTRATIVE INFORMATION

NOMINEE INFORMATION (All Blocks Must Be Completed):

- a. Name: _____
- b. Rank and Branch: _____
- c. Full SSN: _____
- d. Home Address: _____
- e. Telephone Number: _____
- f. Email Address: _____
- g. Marital Status: _____ children (#) _____
- h. Duty Status: _____ M-Day

Technician
AGR 32
- i. Unit Assignment: : _____
- j. Unit Address: _____

- k. Unit Telephone/Fax Number and email address: CML/DSN: _____

- l. Duty Position: _____
- m. Security Clearance Level: _____

STATE MILPO POINT OF CONTACT:

(To be filled out by MILPO - Office OPM/G1)

(MUST BE INCLUDED)

- a. Name: _____ b. Rank: _____
- c. Telephone Number: CML/DSN: _____
- d. Email Address: _____
- e. JFHQ Address: _____
- f. If nominee is selected will senior representative from state attend ceremony: YES / NO